Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3/20/2010	Address:	McKinely and Lawndale
Case #:	<u>24F31318</u>		Osceola, In
County:	St. Joseph		Market
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Woods			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Woods			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): Woods			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: Osceola artment: St. Joseph ction Service: N/A	Fax: <u>574-6</u> Fax: <u>(574)</u> Fax:	235-9960
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.